

Thyrotoxicosis

► Personal history

..... man, 30 years old, from, married and has 3 offspring, , no special habits of medical importance.

► c/o

His complaint is swelling in the neck 5 years duration.

► HPI

The condition started of 5 years ago by **swelling** in front of lower neck of gradual onset, progressive course .Then the patient experienced **palpitation, decrease in body weight** in spite of excellent appetite, **irritability, insomnia, heat intolerance**. Then the patient sought medical advice, admitted to hospital and investigated by ECG, urine, stool analysis, blood sugar.

The patient also gives no history of **diarrhea**.

No dyspnea, dysphagia or change of voice, no pain in neck .

No symptoms suggesting cardiovascular system affection.

No symptoms of muscle diseases.

► Past history

No drugs, operation, disease (DM, HPN).

► Family history

- No consanguinity.
- No similar condition in family.
- No common disease in family.

► General exam

- **Temperature:** 37° (normal)
- **Bl. Pressure:** 160/80.
- **Pulse:** Regular(may be irregular), 110 beat/minute, big pulse volume, equal in both sides, with water hammer pulse, intact peripheral pulsation, vessel wall is not felt, no radio-femoral delay.
- **Heat intolerance.**
- **Built:** Average(may be under built)

Head: the patient has certain eye signs:

- Infrequent blinking "stellwag's sign".
- Rim of sclera between cornea, eye lid "dalrymple sign".
- Loss of corrugation on upward movement "Joffroy's sign".
- Lid lag "von graffe's sign".
- Lack of sustained convergence "mobius sign".
- Exophthalmos confirmed by naffziger method, ruler method, frazer's method.

Extremities:

UL: fine tremors in out stretched hands, warm, sweaty.

LL: non pitting edema, hyperreflexia (may be pitting oedema if complicated by HF).

► **Local exam :**

► **By Inspection**

Swelling in front of lower neck, butterfly appearance, move up and down with deglutition, disappear on contraction of sternomastoid muscle with no dilated veins or scar

► **By Palpation**

Swelling is firm, homogenous, lower border reached during deglutition, not attached to sternomastoid muscle, with central trachea, intact carotid pulsation, with thrill, no tenderness.

► **By Percussion** : resonant manubrium sterni.

► **By Auscultation** : bruit near upper pole of the swelling.

► **Other Systems**

- **CVS:** search for HF, and hemic murmurs.
- **Neuro:** Exaggerated deep reflexes, tremors
- **Skin:** warm, moist, sweaty, acropachy, pretibial myxedema.

► **Investigation**

Thyroid function tests.

► **Diagnosis :**

A case of thyroid swelling hyperthyroidism for D.D most probably graves' disease.

- ❖ Exophthalmos.
- ❖ Pretibial myxedema.

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